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**FEC** FORM 1

Only

## STATEMENT OF ORGANIZATION

RECEIVED

2011646-58 VAIO: 13 (See instructions) NAME OF Example: If typying, type (Check if name COMMITTEE (in full) is changed) over the lines Marketplace Ideas and Conservative Knowledge PAC-MICK PAC 228 S. Washington St., Ste. 115 ADDRESS (number and street) (Check if address is changed) **CITY** STATE\_ ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) llisker@hdafec.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE **FEC IDENTIFICATION NUMBER** C IS THIS STATEMENT X NEW (N) AMENDED (A) OR I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete Lisa Lisker Type or Print Name of Treasurer Electronically Filed by Lisa bisker Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS Office For further information contact: **FEC FORM 1** Use **Federal Election Commission** Toll Free 800-424-9530 (Revised 02/2009)

Local 202-694-1100

<b>5</b> .	TYPE	OF CO	DMMITTEE (Check One)								
	Cand	Candidate Committee:									
	(a)	Ц	This committee is a principal campaign committee. (Complete the candidate information below.)								
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)								
	Name Cand										
	Cand Party	idate Affiliat	on Office State Senate President District								
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name Cand										
	Party	Comm	nittee:								
	(d)		(National, State (Democratic, Republican,etc.) Party.								
	Politi	cal Ac	tion Committee (PAC):								
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:								
		_	Corporation Corporation w/o Capital Stock Labor Organization								
			Membership Organization Trade Association Cooperative								
	<b>(f)</b>		In addition, this committee is a Lobbyist/Registrant PAC.  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party								
		x	committee. (i.e., nonconnected committee)								
			In addition, this committee is a Lobbyist/Registrant PAC.								
			X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
_	Joint	Fundra	ilsing Representative:								
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.								
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.								
	Committees Participating in Joint Fundraiser										
			1. FEC ID number								
			2. FEC ID number C								
			3. FEC ID number C								
			4. FEC ID number C								

I ECTOIN I (IVEVI	sed 02/2009)				raç	<del>30 3</del>	
Write or Type Committee N	ame						
Marketplace Ideas	and Conservative Knowle	dge PAC-MICK	PAC				
Name of Any Connect	ed Organization, Affiliated Co	ommittee, Joint	Fundraising Representa	tive, or Lea	dership PAC S <sub>I</sub>	ponsor	
JOHN MICHAEL	MICK' MULVANEY	<del>                                     </del>			<u> </u>		
Mailing Address	550 RAL	PH HOOD RO	AD				
	L IŅDĮAŅ	AND	<b>[</b> \$	ப ட	29707 _	ــــــــــــــــــــــــــــــــــــــ	
		CITY	STA	TE 🛕	ZIP COD	E ▲	
Relationship:  Connected Organiz	ation Affiliated Cor	nmittee	oint Fundraising Represe	ntative X	Leadership PA	C Sponsor	
Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.  Full Name  Lisa Lisker  Full Name							
Mailing Address	228 S. W	/ashington St.	, Ste. 115	. <del></del>	<del></del>		
	Alexand	ria		<u>A</u> _	22314 _		
Title or Position♥		CITY A	STA	TEA	ZIP COD	E &	
Treas	urer		Telephone number	703	- <u>549</u> -	7705	
Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).							
Full Name of Treasurer Li	sa Lisker						
Mailing Address	228 S. Washington St., Ste. 115						
	Alexand	Iria		<u>'A</u> _	22314 _		
Title or Position ♥		CITY A	STA	ATE&	ZIP CO	DE A	
Treas	urer		Telephone number	703	_ 549 _	7705	
			releptione number				

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Agent	Keith Davis  228 S. Washington St., Ste. 115								
Mailing Address									
	Alexandria		22314 –						
Title or Position♥	CITY A	STATE &	ZIP CODE A						
Assista	nt Treasurer	Telephone number							
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.									
BE	3&T		<u> </u>						
Mailing Address	1909 K St. NW								
	Washington	<b>pc</b>	20006						
	CITY 🛦	STATE. <b>△</b>	ZIP CODE 🛕						
Name of Bank, Depository, etc.									
Mailing Address									
		<del>                                     </del>							
		لبا لبيب	<u> </u>						
	CITY 🗖	STATE <b>⊿</b>	ZIP CODE A						

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Shipping Date fed & **Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

(3/2005)

**PREPARER**